

DATE 10/17/22

BOARD OF ADJUSTMENT

PLANNING BOARD

PROOF OF PAYMENT OF TAXES

Colaine Polcovec
Tax Collector

FEE Variance _____

Site Plan _____

Conditional use _____

Subdivision _____

**CITY OF CLIFTON
APPLICATION FOR DEVELOPMENT AND/OR APPEAL
TO BE COMPLETED BY THE APPLICANT**

Site Location 45 Barkley Ave. Block 11-06 Lot 7

1. Name of Applicant: Ruth Oyanguren & Silas Ayala
Address: 45 Barkley Ave. Telephone: 201-925-5949
Relation to Owner if not same as Owner: Self

2. Name of Owner (if other than Applicant): _____
Address: _____ Telephone: _____

3. The applicant is Corporation A Partnership Individual

Other (please specify): _____

If the applicant is a corporation or partnership, please attach a list of names and addresses of persons having a 10% interest or more in the corporation or partnership.

CORPORATIONS MUST BE REPRESENTED BY AN ATTORNEY-AT-LAW

4. Name of Architect or Engineer Michael J. Romanik
Address: 291 Crook Ave. Paterson, NJ Telephone: 973-684-8975

5. Name of Attorney: _____
Address: _____ Telephone: _____

6. Has this property been the subject of a hearing before the Board of Adjustment or Planning Board

Yes No Disposition

7. Deed restrictions that apply or are contemplated: YES NO

(If yes, attach copy)

DESCRIPTION OF PREMISES

8. Corner Interior Zone District R-B2 zone Lot Size 115 x 50

9. Lot Dimensions: Front 50 Rear 50 R. Side 115 L. Side 115

BUILDING/OR STRUCTURE SETBACKS

10. Existing: Front _____ Rear _____ R. Side _____ L. Side _____

11. Proposed: Front _____ Rear _____ R. Side _____ L. Side _____

Present Use: Home
Proposed Use: Home

The Administrative Officer has declined to issue a permit and has made the following decision regarding the zone status of this application:

TYPE OF APPLICATION

- Site Plan
- Conditional Use
- "A" Variance
- "B" Variance
- "C" Variance
- "D" Variance (Use)

IMPORTANT: MUST BE ANSWERED BY ALL APPLICANTS:

Type(s) of Variance Requested and how relief can be granted without substantial detriment to Public good or Clifton's Zone
Plan Lot coverage, Raise the ^{back} room level
1" over the lot coverage

OFFICE USE ONLY

- BOARD OF ADJUSTMENT
- PLANNING BOARD

Date of Hearing _____

Board action required by _____
Date

Application declared complete on _____
Date

Final Decision Rendered on _____
Date

- APPROVED
- APPROVED WITH CONDITIONS
- DENIED
- WITHDRAWN OR DISMISSED
- DEED RESTRICTION

Being duly sworn, says that he is the applicant or one of the applicants in the above action: that the application, if filed as an appeal from any order or decision of the Zoning Officer, has been filed within the time required by law, and that all of the matters and facts set forth in the foregoing application are true.



APPLICANT

State of New Jersey

County of: Passaic

Sworn to and subscribed before me

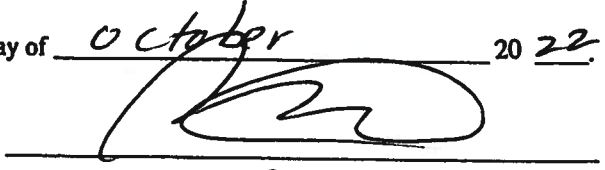
this 17 day of October 20 22

SIGNATURE OF OFFICER ADMINISTERING OATH (Notary)

TITLE OF SUCH OFFICER

If the applicant is not the owner of the property, have the owner sign below consent or file with the application a letter signed by the owner consenting to the application.

The foregoing application is hereby consented to this 17 day of October 20 22



Owner

Sworn and subscribes before me

this _____ day of _____ 20 _____

SIGNATURE OF OFFICER ADMINISTERING OATH (Notary)

TITLE OF SUCH OFFICER

State of New Jersey

County of: Passaic